

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☐ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>11/01/1996</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MONTLICK & ASSOCIATES PC 401K</u> <u>6400 POWERS FERRY RD STE 112</u> <u>ATLANTA, GA 30339</u>	2b	Employer Identification Number (EIN) <u>58-1570193</u>
		2c	Plan Sponsor's telephone number <u>678-608-0582</u>
		2d	Business code (see instructions) <u>812990</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2018	EDWARD ROJAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 139 6a(2) 161 6b 0 6c 47 6d 208 6e 0 6f 208 6g 173 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan MONTCLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MONTCLICK & ASSOCIATES PC 401K		D Employer Identification Number (EIN) 58-1570193

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	AGH LLC	b EIN:	58-2588678
c Position:	PLAN AUDITOR		
d Address:	3500 PIEDMONT ROAD SUITE 500 ATLANTA, GA 30305	e Telephone:	404-233-5486

Explanation: MERGED WITH CARR, RIGGS, & INGRAM ON 7-1-17

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

a Name:		b EIN:	
c Position:			
d Address:		e Telephone:	

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MONTLICK & ASSOCIATES PC 401K</u>	D Employer Identification Number (EIN) <u>58-1570193</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other.....	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other.....	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common.....	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property).....	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans.....	1c(8)	36101	37156
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	3074588	
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	459139	4127640
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	
(2) Employer real property	1d(2)	0	
e Buildings and other property used in plan operation	1e	0	
f Total assets (add all amounts in lines 1a through 1e)	1f	3569828	4164796

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3569828	4164796
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	579692	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		579692
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	971	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		971
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5616
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		200422
c Other income.....	2c		-10048
d Total income. Add all income amounts in column (b) and enter total.....	2d		776653

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	166189	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		166189
f Corrective distributions (see instructions)	2f		15269
g Certain deemed distributions of participant loans (see instructions)	2g		25
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other	2i(4)	202	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		202
j Total expenses. Add all expense amounts in column (b) and enter total	2j		181685

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		594968
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>MONTLICK & ASSOCIATES PC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MONTLICK & ASSOCIATES PC 401K</u>	D Employer Identification Number (EIN) <u>58-1570193</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>16-1470238</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	<u>0</u>	
b Enter the amount contributed by the employer to the plan for this plan year	6b	<u>0</u>	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	<u>0</u>	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**Montlick and Associates, PC
401(k) Plan**

FINANCIAL STATEMENTS

December 31, 2016 and 2015



CRI CARR
RIGGS &
INGRAM
CPAs and Advisors

CRIcpa.com

Montlick and Associates, PC 401(k) Plan
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December 31, 2016 and 2015

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



REPORT

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Montlick and Associates, PC 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Montlick and Associates, PC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively, Great West) and Mid Atlantic Trust Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from each of the custodians as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the accompanying 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - 2015 Financial Statements

The financial statements as of December 31, 2015, were audited by AGH, LLC who merged with Carr, Riggs & Ingram, LLC as of July 1, 2017. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed AGH, LLC not to perform, and they did not perform, any auditing procedures with respect to the information certified by Great West, the custodian of the Plan. Their report, dated October 17, 2016, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the 2016 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Carr, Riggs & Ingram, LLC

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia

July 30, 2018



FINANCIAL STATEMENTS

**Montlick and Associates, PC 401(k) Plan
Statements of Net Assets Available for Benefits**

<i>December 31,</i>	2016	2015
Assets		
Investments, at fair value		
Mutual funds	\$ 3,577,093	\$ -
Pooled separate accounts	-	3,074,588
Group annuity contract	498,895	459,139
Total investments	4,075,988	3,533,727
Receivables		
Participant contributions receivable	51,652	-
Notes receivable from participants	37,157	36,101
Total receivables	88,809	36,101
Total assets	4,164,797	3,569,828
Liabilities		
Excess contributions payable	-	15,272
Net assets available for benefits	\$ 4,164,797	\$ 3,554,556

The accompanying footnotes are an integral part of these statements.

Montlick and Associates, PC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2016

Additions to net assets

Investment income:

Net appreciation in fair value of investments	\$ 169,475
Interest and dividends	26,467

Net investment income	195,942
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Interest income on notes receivable from participants	1,193
---	-------

Contributions:

Participants	579,692
--------------	---------

Total additions	776,827
-----------------	---------

Deductions from net assets

Benefits paid to participants	166,382
Operating expenses	204

Total deductions	166,586
------------------	---------

Net increase	610,241
---------------------	---------

Net assets available for benefits, beginning of year	3,554,556
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Net assets available for benefits, end of year	\$ 4,164,797
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The accompanying footnotes are an integral part of this statement.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Montlick and Associates, PC 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan covers the eligible employees of Montlick and Associates, PC 401(k) Plan (the Company or Plan Sponsor). The Plan Sponsor has its primary administrative office in Atlanta, Georgia. The Plan Sponsor has designated a member of the Company's management to perform as the Plan Administrator who ensures that the Plan is being administered in accordance with the Plan's agreements and amendments. The Company has engaged a third party to perform the day-to-day administration of the Plan. The Plan's assets are held by Great West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Mid Atlantic Trust Company (the Custodians). The Trustee is responsible for oversight of the Plan.

The Plan, originally established on November 1, 1996, and subsequently amended and restated, is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Generally, all employees of the Company who have completed three months of service and are age 19 or older are eligible to participate and will enter the Plan on the first day of the month that coincides with or next on which the participants satisfy the eligibility requirement.

Effective January 23, 2015, the Plan was amended and restated to bring it into compliance with the Pension Protection Act of 2006 and other legislative and regulatory changes. Effective January 1, 2016, the Plan was amended and restated to incorporate all previous changes and amendments.

Contributions

The Plan had an auto enrollment feature through 2015, whereby newly eligible employees were automatically enrolled in the Plan unless they elect not to participate. With the January 1, 2016 restatement, the auto enrollment feature was stopped. In 2017, the auto enrollment feature was restarted by additional restatement to the Plan document. Each year, participants may contribute pretax compensation up to the maximum allowed under the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Participant Accounts

The Custodians maintain a separate account for each participant and each type of contribution. Each participant's account is credited with the participant's deferral contributions, rollover contributions and earnings less administrative expense.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Investment Accounts

Participants may direct the investment of all contributions to their account balance into various investment options offered by the Custodian. If the participant fails to designate an investment selection, funds are invested in accordance with the default investment alternatives established under the Plan. Participants may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 from their Plan account, up to a maximum equal to the lesser of 50% of their vested balance or \$50,000. Note terms may not exceed 5 years except for those used for the purchase of a participant's primary residence. The notes are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined, on the date of the loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive a lump sum distribution equal to the vested portion of his or her account balance or to defer payment until retirement age. Upon termination of service due to death, a beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account or installments for Required Minimum Distributions, as defined in the Plan's agreements and amendments. For terminated participants whose account balances are less than \$1,000, the entire balance will be distributed in the form of a lump sum payment. Distributions are paid as soon as administratively practicable after the participant terminates. The Plan also allows for hardship and other in-service distributions.

Expenses

Nearly all administrative expenses for the Plan are paid by the Company.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the participant's account. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for a further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess Participant Contributions Payable

Excess participant contributions payable arise from failed non-discrimination testing and are presented in the Plan financial statements as a reduction of contributions on the statement of changes in net assets available for benefits and as a payable on the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit distribution and notes receivable from participants are charged directly to the participant's account. In addition, certain investment-related expenses are included in net appreciation/depreciation of fair value of investments.

NOTE 3: INFORMATION CERTIFIED BY CUSTODIANS (UNAUDITED)

The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Custodians (Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC at December 31, 2016 and 2015, and for the period from January 1, 2016 to December 31, 2016, and Mid Atlantic Trust Company at December 31, 2016, and for the period from November 1, 2016 to December 31, 2016), in accordance with Section 2530.103-5 of Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- (a) Information included in the statements of net assets available for benefits: Investments at fair value of \$4,075,988 and \$3,533,727 at December 31, 2016 and 2015, respectively and notes receivable from participants of \$36,101 at December 31, 2015. Notes receivable from participants at December 31, 2016 are not included in the certification.
- (b) Information included in Investment Income in the statement of changes in net assets available for benefits for the year ended December 31, 2016: net appreciation in fair value of investments of \$169,475 and dividends of \$26,467. Interest income on notes receivable from participants for the year ended December 31, 2016, is not included in the certification.
- (c) All amounts included in Note 4 Fair Value Measurements.

NOTE 4: FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2016 and 2015.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is a quoted price in an active market.

Group annuity contract with insurance company: Valued on a formula disclosed in the group annuity contract, as calculated by the annuity provider Great West Life & Annuity Insurance Company (GWL). The valuation is classified within Level 2 of the valuation hierarchy as the shares of the annuity are traded privately.

Pooled separate accounts: Pooled separate accounts are invested via group annuity contracts issued by GWL, which are valued at the mutual fund net asset value (NAV). The Plan invests in Future Funds Series Account II of GWL that files a Form 5500 as a Direct Filing Entity with the DOL. The initial pricing input is the quoted price obtained for the underlying mutual fund, which is then adjusted to apply the expense factor disclosed in the annuity contract. The formula-calculated unit value is then compared to an accounting-driven unit value. The accounting unit value is determined in a manner similar to a mutual fund NAV calculation: dividing the net assets by the number of units outstanding. Any discrepancies between the two unit values are resolved to ensure the recordkeeping system reflects the accurate value for the day.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Montlick and Associates, PC 401(k) Plan
Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

<i>December 31, 2016</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,577,093	\$ -	\$ -	\$ 3,577,093
Group annuity contract with insurance company	-	498,895	-	498,895
Total assets at fair value	3,577,093	498,895	-	4,075,988
Total investments	\$ 3,577,093	\$ 498,895	\$ -	\$ 4,075,988

<i>December 31, 2015</i>	Level 1	Level 2	Level 3	Total
Group annuity contract with insurance company	\$ -	\$ 459,139	\$ -	\$ 459,139
Pooled separate accounts	-	3,074,588	-	3,074,588
Total assets at fair value	-	3,533,727	-	3,533,727
Total investments	\$ -	\$ 3,533,727	\$ -	\$ 3,533,727

NOTE 5: EXCESS CONTRIBUTIONS PAYABLE

In 2015, certain employees made salary deferrals in excess of amounts allowed by the Internal Revenue Service (IRS). In the following plan year, the Plan Administrator identified these excess contributions and accrued a total of \$15,272 of excess contributions payable for the year ended December 31, 2015.

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Plan investments are in a general account and pooled separate accounts under group annuity contracts with GWL who is an affiliate of one of the Custodians. The transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services and a portion of administrative services are included in net appreciation or depreciation of investments as they are paid through a revenue sharing arrangement rather than a direct payment. The Plan Sponsor pays directly any other amounts related to the Plan's operations.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 7: TAX STATUS

The Company adopted a defined contribution prototype standardized profit sharing plan which received a favorable opinion letter from the IRS dated April 10, 2014, stating that the Plan is designed in accordance with the applicable sections of the IRC and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10: RECONCILIATION OF THE FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2016 and 2015:

	2016	2015
Reconciliation of the Financial Statements to Schedule H of Form 5500		
Net assets available for benefits per the financial statements	\$ 4,164,797	\$ 3,554,556
Add: excess contributions payable (rounded)	-	15,272
Net assets available for benefits per Form 5500	\$ 4,164,797	\$ 3,569,828

Montlick and Associates, PC 401(k) Plan
Notes to Financial Statements

**NOTE 10: RECONCILIATION OF THE FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(CONTINUED)**

The following is a reconciliation of the increase in net assets available for benefits between the financial statements and Form 5500 as of December 31, 2016:

Reconciliation of the Financial Statements to Schedule H of Form 5500	
Increase in net assets available for benefits per the financial statements	\$ 610,241
Change in excess participant contributions payable (rounded)	(15,272)
Net income per Form 5500	\$ 594,969

NOTE 11: SUBSEQUENT EVENTS

The Plan has evaluated all events subsequent to July 30, 2018, the date these financial statements were available for issuance. With the exception of the matters discussed below, the Plan has identified no subsequent events that require disclosure under U.S. GAAP.

Effective January 1, 2017, the Plan was amended to reinstate the auto enrollment feature.

The Plan has not timely filed the Form 5500 for the year ended December 31, 2016, with the Department of Labor. The Plan Sponsor intends to file under the relief of the DOL Delinquent Filer Voluntary Compliance Program.



SUPPLEMENTAL SCHEDULE



Montlick and Associates, PC 401(k) Plan
Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) as of December 31, 2016
EIN 58-1570193
Plan No. 002

(a)	(b)	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d)	(e) Current value
	Identity of issue, borrower, lessor or similar party		Cost	
	Vanguard Federal Money Market Fund Inv Shs	Mutual Fund	**	\$ 7,274
	DFA U.S. Core Equity 1 Portfolio Institutional Cl	Mutual Fund	**	8,402
	DFA U.S. Large Cap Value Portfolio Institutional Cl	Mutual Fund	**	99,061
	American Funds New Perspective Fund Class R6	Mutual Fund	**	6,647
	Vanguard Mid-Cap Value Index Fund Investor Shs	Mutual Fund	**	42,487
	Vanguard Mid-Cap Growth Index Fund Investor Shs	Mutual Fund	**	83,350
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	48,591
	Vanguard Growth Index Fund Admiral Shares	Mutual Fund	**	78,950
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	43,056
	Vanguard 500 Index Fund Admiral Class	Mutual Fund	**	208,653
	Vanguard Small Capitalization Growth Index Fd Inv Shs	Mutual Fund	**	22,092
	DFA International Core Equity Portfolio Inst Class	Mutual Fund	**	63,644
	DFA Emerging Markets Portfolio Inst Class	Mutual Fund	**	19,786
	DFA Inflation-Protected Securities Portfolio Inst Class	Mutual Fund	**	15,213
	Federated Institutional High Yield Bond Fund Inst Shs	Mutual Fund	**	39,728
	Metropolitan West Total Return Bond Fund Class I	Mutual Fund	**	45,552
	Templeton Global Bond Fund Advisor Class	Mutual Fund	**	19,944
	Vanguard Intermediate-Term Bond Index Fund Adm Shs	Mutual Fund	**	71,755
	Vanguard GNMA Fund Admiral Shares	Mutual Fund	**	12
	Vanguard Short-Term Investment-Grade Fund Adm Shs	Mutual Fund	**	39,927
	Vanguard LifeStrategy Income Fund Investor Shares	Mutual Fund	**	7,247
	Vanguard LifeStrategy Conservative Growth Fd Inv Shs	Mutual Fund	**	1,999,961
	Vanguard LifeStrategy Growth Fd Investor Shares	Mutual Fund	**	23,908
	Vanguard Balanced Index Fund Investor Shares	Mutual Fund	**	35,283
*	401k Generation, Inc. Legacy Funds Aggressive Growth F	Mutual Fund	**	309,526
*	401k Generation, Inc. Legacy Funds Moderate Growth Fc	Mutual Fund	**	138,670
*	401k Generation, Inc. Legacy Funds Moderate Fund	Mutual Fund	**	64,146
*	401k Generation, Inc. Legacy Funds Conservative Fund	Mutual Fund	**	34,228
		Group Annuity	**	
*	Guaranteed Portfolio Fund	Contract		498,895
		Interest rate 4.25 -		
		4.50%, maturity dates		
*	Participant loans	from 2017 - 2021	**	37,157
Total				\$ 4,113,145

* Represents a party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

**Montlick and Associates, PC
401(k) Plan**

FINANCIAL STATEMENTS

December 31, 2016 and 2015



CRI CARR
RIGGS &
INGRAM
CPAs and Advisors

CRICpa.com

Montlick and Associates, PC 401(k) Plan
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December 31, 2016 and 2015

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



REPORT

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Montlick and Associates, PC 401(k) Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Montlick and Associates, PC 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC (collectively, Great West) and Mid Atlantic Trust Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from each of the custodians as of and for the year ended December 31, 2016, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the accompanying 2016 financial statements. Accordingly, we do not express an opinion on the 2016 financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other Matter - 2015 Financial Statements

The financial statements as of December 31, 2015, were audited by AGH, LLC who merged with Carr, Riggs & Ingram, LLC as of July 1, 2017. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed AGH, LLC not to perform, and they did not perform, any auditing procedures with respect to the information certified by Great West, the custodian of the Plan. Their report, dated October 17, 2016, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the 2016 financial statements and supplemental schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Carr, Riggs & Ingram, LLC

CARR, RIGGS & INGRAM, LLC

Atlanta, Georgia

July 30, 2018



FINANCIAL STATEMENTS

**Montlick and Associates, PC 401(k) Plan
Statements of Net Assets Available for Benefits**

<i>December 31,</i>	2016	2015
Assets		
Investments, at fair value		
Mutual funds	\$ 3,577,093	\$ -
Pooled separate accounts	-	3,074,588
Group annuity contract	498,895	459,139
Total investments	4,075,988	3,533,727
Receivables		
Participant contributions receivable	51,652	-
Notes receivable from participants	37,157	36,101
Total receivables	88,809	36,101
Total assets	4,164,797	3,569,828
Liabilities		
Excess contributions payable	-	15,272
Net assets available for benefits	\$ 4,164,797	\$ 3,554,556

The accompanying footnotes are an integral part of these statements.

Montlick and Associates, PC 401(k) Plan
Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2016

Additions to net assets

Investment income:

Net appreciation in fair value of investments	\$ 169,475
Interest and dividends	26,467

Net investment income	195,942
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Interest income on notes receivable from participants	1,193
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Contributions:

Participants	579,692
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Total additions	776,827
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Deductions from net assets

Benefits paid to participants	166,382
Operating expenses	204

Total deductions	166,586
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Net increase	610,241
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Net assets available for benefits, beginning of year	3,554,556
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Net assets available for benefits, end of year	\$ 4,164,797
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The accompanying footnotes are an integral part of this statement.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Montlick and Associates, PC 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan covers the eligible employees of Montlick and Associates, PC 401(k) Plan (the Company or Plan Sponsor). The Plan Sponsor has its primary administrative office in Atlanta, Georgia. The Plan Sponsor has designated a member of the Company's management to perform as the Plan Administrator who ensures that the Plan is being administered in accordance with the Plan's agreements and amendments. The Company has engaged a third party to perform the day-to-day administration of the Plan. The Plan's assets are held by Great West Life & Annuity Insurance Company, Great-West Trust Company, LLC and Mid Atlantic Trust Company (the Custodians). The Trustee is responsible for oversight of the Plan.

The Plan, originally established on November 1, 1996, and subsequently amended and restated, is a defined contribution plan under the provisions of Section 401(a) of the Internal Revenue Code (IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Generally, all employees of the Company who have completed three months of service and are age 19 or older are eligible to participate and will enter the Plan on the first day of the month that coincides with or next on which the participants satisfy the eligibility requirement.

Effective January 23, 2015, the Plan was amended and restated to bring it into compliance with the Pension Protection Act of 2006 and other legislative and regulatory changes. Effective January 1, 2016, the Plan was amended and restated to incorporate all previous changes and amendments.

Contributions

The Plan had an auto enrollment feature through 2015, whereby newly eligible employees were automatically enrolled in the Plan unless they elect not to participate. With the January 1, 2016 restatement, the auto enrollment feature was stopped. In 2017, the auto enrollment feature was restarted by additional restatement to the Plan document. Each year, participants may contribute pretax compensation up to the maximum allowed under the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Participant Accounts

The Custodians maintain a separate account for each participant and each type of contribution. Each participant's account is credited with the participant's deferral contributions, rollover contributions and earnings less administrative expense.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Investment Accounts

Participants may direct the investment of all contributions to their account balance into various investment options offered by the Custodian. If the participant fails to designate an investment selection, funds are invested in accordance with the default investment alternatives established under the Plan. Participants may change their investment elections at any time.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow a minimum of \$1,000 from their Plan account, up to a maximum equal to the lesser of 50% of their vested balance or \$50,000. Note terms may not exceed 5 years except for those used for the purchase of a participant's primary residence. The notes are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined, on the date of the loan. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service, a participant may elect to receive a lump sum distribution equal to the vested portion of his or her account balance or to defer payment until retirement age. Upon termination of service due to death, a beneficiary may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account or installments for Required Minimum Distributions, as defined in the Plan's agreements and amendments. For terminated participants whose account balances are less than \$1,000, the entire balance will be distributed in the form of a lump sum payment. Distributions are paid as soon as administratively practicable after the participant terminates. The Plan also allows for hardship and other in-service distributions.

Expenses

Nearly all administrative expenses for the Plan are paid by the Company.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.



Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the participant's account. No allowance for credit losses has been recorded as of December 31, 2016 and 2015. If a participant ceases to make scheduled repayments and the Plan administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment recorded.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustee determines the Plan's valuation policies utilizing information provided by the investment advisers. See Note 4 for a further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Excess Participant Contributions Payable

Excess participant contributions payable arise from failed non-discrimination testing and are presented in the Plan financial statements as a reduction of contributions on the statement of changes in net assets available for benefits and as a payable on the statement of net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of benefit distribution and notes receivable from participants are charged directly to the participant's account. In addition, certain investment-related expenses are included in net appreciation/depreciation of fair value of investments.

NOTE 3: INFORMATION CERTIFIED BY CUSTODIANS (UNAUDITED)

The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Custodians (Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC at December 31, 2016 and 2015, and for the period from January 1, 2016 to December 31, 2016, and Mid Atlantic Trust Company at December 31, 2016, and for the period from November 1, 2016 to December 31, 2016), in accordance with Section 2530.103-5 of Department of Labor's Rules and Regulations for reporting and disclosure under ERISA:

- (a) Information included in the statements of net assets available for benefits: Investments at fair value of \$4,075,988 and \$3,533,727 at December 31, 2016 and 2015, respectively and notes receivable from participants of \$36,101 at December 31, 2015. Notes receivable from participants at December 31, 2016 are not included in the certification.
- (b) Information included in Investment Income in the statement of changes in net assets available for benefits for the year ended December 31, 2016: net appreciation in fair value of investments of \$169,475 and dividends of \$26,467. Interest income on notes receivable from participants for the year ended December 31, 2016, is not included in the certification.
- (c) All amounts included in Note 4 Fair Value Measurements.

NOTE 4: FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes to the methodologies used at December 31, 2016 and 2015.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end. The NAV is a quoted price in an active market.

Group annuity contract with insurance company: Valued on a formula disclosed in the group annuity contract, as calculated by the annuity provider Great West Life & Annuity Insurance Company (GWL). The valuation is classified within Level 2 of the valuation hierarchy as the shares of the annuity are traded privately.

Pooled separate accounts: Pooled separate accounts are invested via group annuity contracts issued by GWL, which are valued at the mutual fund net asset value (NAV). The Plan invests in Future Funds Series Account II of GWL that files a Form 5500 as a Direct Filing Entity with the DOL. The initial pricing input is the quoted price obtained for the underlying mutual fund, which is then adjusted to apply the expense factor disclosed in the annuity contract. The formula-calculated unit value is then compared to an accounting-driven unit value. The accounting unit value is determined in a manner similar to a mutual fund NAV calculation: dividing the net assets by the number of units outstanding. Any discrepancies between the two unit values are resolved to ensure the recordkeeping system reflects the accurate value for the day.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Montlick and Associates, PC 401(k) Plan
Notes to Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

<i>December 31, 2016</i>	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 3,577,093	\$ -	\$ -	\$ 3,577,093
Group annuity contract with insurance company	-	498,895	-	498,895
Total assets at fair value	3,577,093	498,895	-	4,075,988
Total investments	\$ 3,577,093	\$ 498,895	\$ -	\$ 4,075,988

<i>December 31, 2015</i>	Level 1	Level 2	Level 3	Total
Group annuity contract with insurance company	\$ -	\$ 459,139	\$ -	\$ 459,139
Pooled separate accounts	-	3,074,588	-	3,074,588
Total assets at fair value	-	3,533,727	-	3,533,727
Total investments	\$ -	\$ 3,533,727	\$ -	\$ 3,533,727

NOTE 5: EXCESS CONTRIBUTIONS PAYABLE

In 2015, certain employees made salary deferrals in excess of amounts allowed by the Internal Revenue Service (IRS). In the following plan year, the Plan Administrator identified these excess contributions and accrued a total of \$15,272 of excess contributions payable for the year ended December 31, 2015.

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. Plan investments are in a general account and pooled separate accounts under group annuity contracts with GWL who is an affiliate of one of the Custodians. The transactions qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services and a portion of administrative services are included in net appreciation or depreciation of investments as they are paid through a revenue sharing arrangement rather than a direct payment. The Plan Sponsor pays directly any other amounts related to the Plan's operations.

Montlick and Associates, PC 401(k) Plan Notes to Financial Statements

NOTE 7: TAX STATUS

The Company adopted a defined contribution prototype standardized profit sharing plan which received a favorable opinion letter from the IRS dated April 10, 2014, stating that the Plan is designed in accordance with the applicable sections of the IRC and is, therefore, not subject to tax under present income tax law. The Plan is required to operate in conformity with the IRC to maintain its qualification. Management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA.

NOTE 9: RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 10: RECONCILIATION OF THE FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits between the financial statements and Form 5500 as of December 31, 2016 and 2015:

	2016	2015
Reconciliation of the Financial Statements to Schedule H of Form 5500		
Net assets available for benefits per the financial statements	\$ 4,164,797	\$ 3,554,556
Add: excess contributions payable (rounded)	-	15,272
Net assets available for benefits per Form 5500	\$ 4,164,797	\$ 3,569,828

Montlick and Associates, PC 401(k) Plan
Notes to Financial Statements

**NOTE 10: RECONCILIATION OF THE FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(CONTINUED)**

The following is a reconciliation of the increase in net assets available for benefits between the financial statements and Form 5500 as of December 31, 2016:

Reconciliation of the Financial Statements to Schedule H of Form 5500	
Increase in net assets available for benefits per the financial statements	\$ 610,241
Change in excess participant contributions payable (rounded)	(15,272)
Net income per Form 5500	\$ 594,969

NOTE 11: SUBSEQUENT EVENTS

The Plan has evaluated all events subsequent to July 30, 2018, the date these financial statements were available for issuance. With the exception of the matters discussed below, the Plan has identified no subsequent events that require disclosure under U.S. GAAP.

Effective January 1, 2017, the Plan was amended to reinstate the auto enrollment feature.

The Plan has not timely filed the Form 5500 for the year ended December 31, 2016, with the Department of Labor. The Plan Sponsor intends to file under the relief of the DOL Delinquent Filer Voluntary Compliance Program.



SUPPLEMENTAL SCHEDULE

Montlick and Associates, PC 401(k) Plan
Form 5500, Schedule H, Line 4i – Schedule of Assets
(Held at End of Year) as of December 31, 2016
EIN 58-1570193
Plan No. 002

(a)	(b)	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d)	(e) Current value
	Identity of issue, borrower, lessor or similar party		Cost	
	Vanguard Federal Money Market Fund Inv Shs	Mutual Fund	**	\$ 7,274
	DFA U.S. Core Equity 1 Portfolio Institutional CI	Mutual Fund	**	8,402
	DFA U.S. Large Cap Value Portfolio Institutional CI	Mutual Fund	**	99,061
	American Funds New Perspective Fund Class R6	Mutual Fund	**	6,647
	Vanguard Mid-Cap Value Index Fund Investor Shs	Mutual Fund	**	42,487
	Vanguard Mid-Cap Growth Index Fund Investor Shs	Mutual Fund	**	83,350
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	48,591
	Vanguard Growth Index Fund Admiral Shares	Mutual Fund	**	78,950
	Vanguard Small-Cap Index Fund Admiral Shares	Mutual Fund	**	43,056
	Vanguard 500 Index Fund Admiral Class	Mutual Fund	**	208,653
	Vanguard Small Capitalization Growth Index Fd Inv Shs	Mutual Fund	**	22,092
	DFA International Core Equity Portfolio Inst Class	Mutual Fund	**	63,644
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	Federated Institutional High Yield Bond Fund Inst Shs	Mutual Fund	**	39,728
	Metropolitan West Total Return Bond Fund Class I	Mutual Fund	**	45,552
	Templeton Global Bond Fund Advisor Class	Mutual Fund	**	19,944
	Vanguard Intermediate-Term Bond Index Fund Adm Shs	Mutual Fund	**	71,755
	Vanguard GNMA Fund Admiral Shares	Mutual Fund	**	12
	Vanguard Short-Term Investment-Grade Fund Adm Shs	Mutual Fund	**	39,927
	Vanguard LifeStrategy Income Fund Investor Shares	Mutual Fund	**	7,247
	Vanguard LifeStrategy Conservative Growth Fd Inv Shs	Mutual Fund	**	1,999,961
	Vanguard LifeStrategy Growth Fd Investor Shares	Mutual Fund	**	23,908
	Vanguard Balanced Index Fund Investor Shares	Mutual Fund	**	35,283
*	401k Generation, Inc. Legacy Funds Aggressive Growth F	Mutual Fund	**	309,526
*	401k Generation, Inc. Legacy Funds Moderate Growth Fc	Mutual Fund	**	138,670
*	401k Generation, Inc. Legacy Funds Moderate Fund	Mutual Fund	**	64,146
*	401k Generation, Inc. Legacy Funds Conservative Fund	Mutual Fund	**	34,228
		Group Annuity	**	
*	Guaranteed Portfolio Fund	Contract		498,895
		Interest rate 4.25 -		
		4.50%, maturity dates		
*	Participant loans	from 2017 - 2021	**	37,157
Total				\$ 4,113,145

* Represents a party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.